AND FEMA OF CERRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MILTIPLE CONSTRUCTION  A. BUILDING 01 - MAIN BUILDING 01  B. WING		OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED 08/27/2013	
		445457				
NAME OF PROVIDER OR SUPPLIER  EAST TENNESSEE HEALTH CARE				GOVETIZATIO		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL GIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	SF COMPLETIC	
K 045 SS=D	lllumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8  This STANDARD is not met as evidenced by: Based on observation, the facility failed to provide egress lighting at all exit discharges from the building.  The findings include:  Observation on August 27, 2013 at 12:00 p.m. revealed the exit discharge from the 100 hall does not have egress lighting on emergency power continuously to the public way.  This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on August 27, 2013.  NFPA 101 LIFE SAFETY CODE STANDARD		K 045	K045 NFPA 101 Life Safety Con Requirement:  Illumination of means of egress including exit discharge, is arrange so that failure of any single lighting fixture (bulb) will not leave the area in darkness.	3, d	
K 062 SS=F			K 062	<ol> <li>The exit discharge from the 100 hall was equipped with two double flood lights with dusk to dawn sensor or 9/9/2013 by Maintenance Assistant.</li> <li>All exit areas were audited on 8/28/2013 for proper illumination of egress by Maintenance Director and Maintenance Assistant.</li> <li>Maintenance Assistant and Supervisor in-serviced by Administrator on 8/28/2013 to audit areas for proper illumination of egress during daily rounds.</li> <li>Maintenance Assistant and Supervisor will report audit findings daily M-F in Morning QA and Quarterly in Quality Assurance</li> </ol>		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 08/29/2013 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-0391 AND PLAN OF CORRECTION (XZ) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 446457 B. WING NAME OF PROVIDER OR SUPPLIER 08/27/2013 STREET ADDRESS, CITY, STATE, ZIP CODE EAST TENNESSEE HEALTH CARE 465 ISBILL RD MADISONVILLE, TN 37354 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL D PROVIDER'S PLAN OF CORRECTION (XS) COMPLETION DATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 062 | Continued From page 1 K062 NFPA 101 Life Safety Code K 082 Standard The findings include: <u>Requirement:</u> Observation on August 27, 2013 from 10:30 a.m. and 1:30 p.m. revealed the following locations has sprinkler heads that are corroded, tarnished, Required automatic sprinkler or has foreign material on the sprinkler heads: systems are continuously maintained 1. Facility is not documenting all required and tested periodically. quarterly maintenance for the automatic sprinkler sysiem. 2. Mixed sprinkler heads in the 100 and 200 corridors have quick response and standard 1. A. **Facility** Maintenance response sprinkler heads. 3. Washing room in the laundry department has **Assistant** completed corroded/tarnished sprinkler head. quarterly maintenance check 4. Resident room 212 has corroded/tarnished for the automatic sprinkler sprinkler heads. system 5. Men's central bath has painted sprinkler m 9/10/13. B. Items 2-9 - Replacement head. 6. Beauty shop has corroded/tarnished sprinkler of Sprinkler heads in all head. identified areas contract 7. Room 104 has painted sprinkler head in the agreement with Simplexcloset. Grinnel was initiated with 8. Resident room 123 has corroded/tarnished

FORM CMS-2567(02-99) Previous Versions Obsolete

specifications.

19.5.2.2

K 067

SS=D

sprinkler heads.

corroded/tarnished

9. All dining room sprinkler heads are

These findings were verified by the maintenance

director and acknowledged by the administrator

during the exit conference on August 27, 2013.

Heating, ventilating, and air conditioning comply

with the provisions of section 9.2 and are installed

19.5.2.1, 9.2, NFPA 90A,

NFPA 101 LIFE SAFETY CODE STANDARD

in accordance with the manufacturer's

Eveni ID:813321

Facility ID: TN6201

K 067

completion

October 31, 2013.

sprinkler

Supervisor.

planned

with

replacement of up to 50

anticipated completion by

facility were audited for

corrosion/paint/ tarnish on

8/29/2013 by Maintenance

Assistant and Maintenance

2. All sprinkler heads in the

heads

If continuation sheet Page 2 of 3

## DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 08/29/2013 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445467 B. WING 08/27/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE EAST TENNESSEE HEALTH CARE 465 ISBILL RD MADISONVILLE, TN 37354 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE K062 NFPA 101 Life Safety Code K 062 Continued From page 1 K 062 3. Maintenance The findings include: Supervisor/Assistant was in-Observation on August 27, 2013 from 10:30 a.m. serviced on 8/28/2013 by and 1:30 p.m. revealed the following locations Administrator to audit all has sprinkler heads that are corroded, tamished, sprinkler heads in the facility or has foreign material on the sprinkler heads: Facility is not documenting all required for signs of tarnish/corrosion quarterly maintenance for the automatic sprinkler or paint. Maintenance system. Supervisor/Assistant Mixed sprinkler heads in the 100 and 200 corridors have quick response and standard in-serviced on 8/28/2013 by response sprinkler heads. Administrator to complete 3. Washing room in the laundry department has routine corroded/tarnished sprinkler head. quarterly Resident room 212 has corroded/tarnished maintenance check sprinkler heads. automatic sprinkler system Men's central bath has painted sprinkler and to check sprinkler heads head. 6. Beauty shop has corroded/ternished sprinkler during daily rounds for signs head. of tarnish/corrosion/or paint. 7. Room 104 has painted sprinkler head in the 4. Maintenance closet. Assistant/Supervisor 8. Resident room 123 has corroded/tarnished sprinkler heads. report audit findings daily 9. All dining room sprinkler heads are M-F in Morning Quality corroded/ternished. Assurance Meeting and

FORM CMS-2567(02-99) Previous Versions Obsolete

specifications.

19.5.2.2

K 067

SS=D

These findings were verified by the maintenance

director and acknowledged by the administrator

during the exit conference on August 27, 2013. NFPA 101 LIFE SAFETY CODE STANDARD

Heating, ventilating, and air conditioning comply

in accordance with the manufacturer's

with the provisions of section 9.2 and are installed

19.5.2.1, 9.2, NFPA 90A

Event ID:813321

Facility ID: TN8201

Standard

K 067

Quarterly

Assurance Meeting,

in

K067 NFPA 101 Life Safety Code

Quality

if continuation sheet Page 2 of 3

Completed By:

09/20/2013

## DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 08/29/2013 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A, BUILDING 01 - MAIN BUILDING 01 COMPLETED 445457 NAME OF PROVIDER OR SUPPLIER 08/27/2013 STREET ADDRESS, CITY, STATE, ZIP CODE EAST TENNESSEE HEALTH CARE 485 ISBILL RD MADISONVILLE, TN 37354 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (205) COMPLETION PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) K 067 K067 NFPA 101 Life Safety Code Continued From page 2 K 087 Cont.. Requirement: This STANDARD is not met as evidenced by: Heating, ventilating. and air Based on observation, the facility falled to conditioning comply with the maintain the Heating, Ventilating, and Air provisions of section 9.2 and are Condition system (HVAC). installed. The findings include: 1. The Ceiling radiant fire Observation on August 27, 2013 at 1:20 p.m. dampers fusible links in the revealed the ceiling radiant fire dampers in the dining room were replaced dining room has excessive paint overspray on the fusible links. 9/16/2013 Maintenance Assistant and This finding was verified by the maintenance Maintenance Supervisor. director and acknowledged by the administrator 2. Maintenance during the exit conference on August 27, 2013. Supervisor/Assistant audited all damper fusible links in the facility for signs of excessive paint overspray or corrosion on 8/28/2013. 3. Maintenance Supervisor and Assistant were in-serviced 8/28/2013 Administrator to audit all

damper fusible links in the

tarnish/corrosion or paint.

Supervisor/Assistant was inserviced on 8/28/2013 by

signs

for

facility

Maintenance

PRINTED: 08/29/201 FORM APPROVE

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING:		(XS) DATE SURVEY COMPLETED						
		TN6201	B. WING		08/28/2013						
	ROVIDER OR SUPPLIER			ITY, STATE, ZIP CODE							
EAST TENNESSEE HEALTH CARE 465 ISBILL RD MADISONVILLE, TN 37364											
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPRIES. DEFICIENCY)	D RE	COMP COMP DA					
	Care Facilties			K067 NFPA 101 Life Safety C. Cont  Administrator to check damper fusible links during daily rounds for signs of tarnish/corrosion/or paint.  4. Maintenance     Assistant/Supervisor will report audit findings daily M-F in Morning Quality Assurance Meeting and Quarterly in Quality Assurance Meeting.		Complete 09/20/201					